

**KINGSLEY ELEMENTARY SCHOOL
UNIVERSAL PARENT PERMISSION FORM**

STUDENT NAME: _____

GRADE: _____

TEACHER: _____

PARENT NAME(S): _____

PLEASE USE THIS UNIVERSAL PERMISSION FORM FOR THE FOLLOWING:

- Form # 1: Acknowledgement of receipt of elementary handbook
- Form # 2: Classroom field trip waiver
- Form # 2: Authorization for the administration of Tylenol (acetaminophen)
- Form # 4: Student Media Permission

Please see the Kingsley Elementary School Parent and Student Handbook for specific information on each.

**UNIVERSAL PERMISSION FORM # 1:
ACKNOWLEDGEMENT OF RECEIPT OF ELEMENTARY HANDBOOK**

We, the parent/guardian and student have received the Kingsley Elementary School Parents and Student Handbook. We understand the rights and responsibilities pertaining to students and agree to support and abide by the rules, guidelines, procedures, policies, and practices outlined in this handbook. We also understand that this handbook supersedes all prior handbooks and other written material on the same subject.

_____ We acknowledge that we have received the 2019-20 Kingsley Elementary School Parent Student Handbook.

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

DATE: _____

**UNIVERSAL PERMISSION FORM # 2:
CLASSROOM FIELD TRIP PERMISSION WAIVER**

I, the parent/guardian of the student named below, grant the school and/or his/her classroom teacher permission to include my child in all field trips in the event that a permission slip is not returned to school for my child. I agree that I will attempt to return signed permission slips regardless of this waiver. I want my child to go on all school field trips unless I specifically inform the teacher otherwise.

I further agree that this waiver grants permission for my child to participate in any classroom or building events that may take place off campus but does not require bus transportation, such as: visit the public library, trip to a local restaurant, walk to the school track/baseball field, walk to soccer field, walk to the civic center, visit the school forest, or

_____ Yes: I/we agree with and grant permission to utilize the classroom field trip waiver.

_____ No: I/we DO NOT grant permission for this classroom field trip waiver.

PARENT SIGNATURE: _____

DATE: _____

**UNIVERSAL PERMISSION FORM # 3:
AUTHORIZATION FOR ADMINISTRATION OF TYLENOL (ACETAMINOPHEN)**

We want to do all that we can to keep your child in school. There are many instances when your child might benefit from manufacturer's recommend dose of Tylenol. In order to administer your child this over the counter medication when he/she isn't feeling well, your permission is required. If you would like us to administer Tylenol to your child at school, please complete and return this form to the elementary office. School staff may not administer Tylenol without this signed authorization form.

*Notice: If your child requires administration of other over-the-counter medications, or routine prescription medications, please contact the elementary office and ask for authorization of over the counter medication form or authorization for administration of prescription medication form.

_____ Yes: I/we grant permission to administer Tylenol (acetaminophen) at the discretion of school staff.:

- I will notify the school immediately if there is any change in the use of this medication.
- Dosage will be determined by manufacturer's recommendations.
- I authorize designated school staff to administer acetaminophen (Tylenol) if it is determined to be appropriate and at the discretion of designated school staff.
- I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability and foreseeable or unforeseeable damages or injury resulting directly or indirectly from this authorization (if permission is granted).

_____ No: I/we DO NOT grant permission to administer Tylenol to my child at school.

PARENT SIGNATURE: _____

DATE: _____

OTHER INFORMATION: _____

**UNIVERSAL PERMISSION FORM # 4:
STUDENT MEDIA PERMISSION**

With this permission we grant the school and the school district permission to use our child's photo, video segments, original schoolwork products, and first and last name in the following formats: District, school, and classroom web pages and home web sites; and Local television, radio and newspaper publications

We also grant permission for the school to allow our child to be photographed, videotaped, and/or interviewed by school students, teachers, and local television, radio and newspaper organizations.

Without this signed permission, your child's photo and/or original schoolwork will not appear in newspapers, websites, radio, television or other forms of media.

Your child's name and photo can be used in district and building school newsletters, within the school building and/or classrooms without permission.

_____ Yes: I/we agree with and grant permission for this student media release.

_____ No: I/we DO NOT grant permission for this student media release.

PARENT SIGNATURE: _____

DATE: _____